

**APPLICATION,  
WINE AUCTION FOR CHARITABLE ORGANIZATION**



— DEPARTMENT OF —  
**REVENUE**  
—  
STATE OF MISSISSIPPI

***RETURN TO:***  
**ALCOHOLIC BEVERAGE CONTROL**  
**PERMIT DEPARTMENT**  
**P.O. BOX 540**  
**MADISON, MS 39130-0540**

## **INSTRUCTIONS FOR PROPER FILING OF YOUR APPLICATION**

### ***PLEASE READ PRIOR TO COMPLETING THIS APPLICATION***

1. The application fee is \$35.00, and must be in the form of a **cashier's check or a money order** payable to the Alcoholic Beverage Control. Payment must be returned with this completed application.
2. The applicant's signature must be notarized by a licensed Notary Public.
3. The alcoholic beverages used by you under this permit must be purchased from a licensed package retailer located in the same county as your event.
4. This application, with fee, must be received at the Alcoholic Beverage Control at least two (2) weeks prior to the event to assure adequate time for the processing and mailing of your permit.
5. This permit covers an auction of wine only for a period of 5 days. Only two Charitable Wine Auction permits can be obtained by a charitable organization in a calendar year.

If you have questions, or need assistance,  
please call the  
ABC Permit Department  
(601) 856-1330

(08/2013)

PERMIT DEPT. USE ONLY  
AMT. OF CHECK \_\_\_\_\_  
CHECK NO. \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_

**APPLICATION AND AFFIDAVIT FOR CHARITABLE WINE AUCTION  
PERMIT**

**I. APPLICANT:** Name \_\_\_\_\_  
(Non-profit civic or charitable organization)

Address: \_\_\_\_\_  
(street or post office box) (city) (state) (zip)

Person responsible for event: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(area code) (phone number)

**II. AUCTION INFORMATION:**

Start\*: \_\_\_\_\_  
(month) (day) (year)

End\*: \_\_\_\_\_  
(month) (day) (year)

(\*Five day limit)

Location: \_\_\_\_\_  
(actual location of auction items)

Address: \_\_\_\_\_  
(street) (city) (county) (zip)

Location is \_\_\_ inside \_\_\_ outside the corporate city limits?

**III. LIST THE PACKAGE STORE(S) FROM WHICH THE ALCOHOLIC  
BEVERAGES USED IN THIS EVENT WILL BE OBTAINED:**

Business Name(s): \_\_\_\_\_

Address(s): \_\_\_\_\_  
(street) (city) (zip)

**IV. Has any officer or director of the organization ever been convicted of of the following: a felony in any state or federal court OR violation of the "Local Option Alcoholic Beverage Control Laws" of the State of Mississippi OR violation of any law relating to alcoholic beverages, beer or light wine? \_\_\_\_\_ If "yes", explain fully: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

### **PERMITTEE CERTIFICATION AND OATH**

I, \_\_\_\_\_, certify under penalty of perjury that the organization applying for the Temporary Class I Permit is a bona fide nonprofit civic or charitable organization and, as such, does meet the qualifications of Section 67-1-11, 67-1-37, 67-1-51 (2) and (3), 67-1-55, 67-1-57 (excluding paragraph (e)) and 67-1-59. I affirm that this organization, in the exercise of this permit, will comply with the Local Option Alcoholic Beverage Control Laws, Rules and Regulations, relative to the purchase, sale, and handling of alcoholic beverages and will keep all records and make all reports and remittances as required thereby. I certify that the information presented on the application is true and correct, to the best of my knowledge and belief. I also agree that making a material misrepresentation on this application shall be evidence of a lack of trustworthiness as contemplated by MS Code Ann. Section 67-1-57 and provide a basis for denial on this application.

BY: \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

### **NOTARY**

**State of Mississippi**  
**County of** \_\_\_\_\_

THIS DAY, personally came and appeared before me, the undersigned authority in and for the county and state aforesaid, the within named \_\_\_\_\_ who, after being by me first duly sworn, states on oath that the matters and things contained and set forth in the foregoing application are true and correct.

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_